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BUTLER CO. HEALTH CENTER

FILE NO.

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under my personal supervision.

working under my personal supervision..

Harlu E Mengy

P. O. Address Plan Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

pe so stated above.